

Excellence In Fitness Profile Form

Last Name First MI Birthdate

Street Address City/State Zip

Work Phone Home Phone Cell Phone E-Mail Address

Height Weight Mobile Service Provider Referred by?

Employer: _____ Occupation: _____

Spouse's name: _____ Spouse birthday: _____

Children's name(s) and ages: _____

Physician's name and phone: _____

Physician's fax: _____

Do you need a personal release to fax physician for exercise clearance? ____Y ____N

Name and phone of person to call in case of emergency: _____

Current Medications: _____

Current Supplements: _____

Additional Notes:

PAST & PRESENT MEDICAL HISTORY

BLOOD PRESSURE HIGH___ LOW___

HEART PROBLEM YES___ NO___

DIABETES YES___ NO___

FATIGUE YES___ NO___

ANXIETY YES___ NO___

ARTHRITIS YES___ NO___

BURSITIS YES___ NO___

TENDONITIS YES___ NO___

MUSCLE TENSION YES___ NO___

KNEE PROBLEMS YES___ NO___

SHOULDER PROBLEMS YES___ NO___

NECK PROBLEM YES___ NO___

BACK PROBLEM YES___ NO___

if yes, please explain:

OTHER TENDON/JOINT PROBLEMS YES___ NO___

if yes, please explain:
